

DEBTOR: interstate freight solutions
CASE NUMBER: 24-40297-ELM-11

MONTHLY OPERATING REPORT
CHAPTER 11

Form 2-A
COVER SHEET

For Period Ending 2/29/24

Accounting Method: ☐ Accrual Basis ☐ Cash Basis

THIS REPORT IS DUE 21 DAYS AFTER THE END OF THE MONTH

Mark One Box for Each
Required Document:

Debtor must attach each of the following reports/documents unless the U. S. Trustee has waived the requirement in writing. File the original with the Clerk of Court. Submit a duplicate, with original signature, to the U. S. Trustee.

Report/Document Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Cash Receipts and Disbursements Statement (Form 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Balance Sheet (Form 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Profit and Loss Statement (Form 2-D)
<input type="checkbox"/>	<input type="checkbox"/>	4. Supporting Schedules (Form 2-E)
<input type="checkbox"/>	<input type="checkbox"/>	5. Quarterly Fee Summary (Form 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Narrative (Form 2-G)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Bank Statements for All Bank Accounts IMPORTANT: Redact account numbers and remove check images
<input type="checkbox"/>	<input type="checkbox"/>	8. Bank Statement Reconciliations for all Bank Accounts

I declare under penalty of perjury that the following Monthly Operating Report, and any attachments thereto are true, accurate and correct to the best of my knowledge and belief.

Executed on: 3/8/24 Print Name: Blake Howle
Signature: [Signature]
Title: owner

DEBTOR: Interstate Freight solutions

CASE NO: _____

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 2/1/24 to 2/29/24

CASH FLOW SUMMARY

	Current Month	Accumulated
1. Beginning Cash Balance	\$ <u>0.0</u> (1)	\$ _____ (1)
2. Cash Receipts		
Operations		
Sale of Assets		
Loans/advances		
Other	<u>5,133.94</u>	_____
Total Cash Receipts	\$ <u>5,133.94</u>	\$ _____
3. Cash Disbursements		
Operations		
Debt Service/Secured loan payment		
Professional fees/U.S. Trustee fees		
Other	<u>5,133.94</u>	_____
Total Cash Disbursements	\$ <u>5,133.94</u>	\$ _____
4. Net Cash Flow (Total Cash Receipts less Total Cash Disbursements)	_____	_____
5 Ending Cash Balance (to Form 2-C)	\$ <u>0.0</u> (2)	\$ _____ (2)

CASH BALANCE SUMMARY

	Financial Institution	Book Balance
Petty Cash	_____	\$ _____
DIP Operating Account	_____	
DIP State Tax Account	_____	
DIP Payroll Account	_____	
Other Operating Account	_____	
Other Interest-bearing Account	_____	
TOTAL (must agree with Ending Cash Balance above)		\$ _____ (2)

- (1) Accumulated beginning cash balance is the cash available at the commencement of the case.
Current month beginning cash balance should equal the previous month's ending balance.
- (2) All cash balances should be the same.

DEBTOR: Interstate Freight solutions

CASE NO: _____

Form 2-B

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 2/1/24 to 2/29/24

CASH RECEIPTS DETAIL

(attach additional sheets as necessary)

Account No: _____

Date	Payer	Description	Amount
2/9/24	Integra	Integra made a mistake & deposited to the wrong Account. Not our funds.	\$ 5,133.94

Total Cash Receipts

\$ 5,133.94 (1)

(1) Total for all accounts should agree with total cash receipts listed on Form 2-B, page 1

DEBTOR: interstate Freight solutions

CASE NO: _____

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 2/1/24 to 2/29/24

CASH DISBURSEMENTS DETAIL
(attach additional sheets as necessary)

Account No: _____

Date	Check No.	Payee	Description (Purpose)	Amount
2/8/24		wells Fargo	monthly fee	\$ 10.00
2/9/24		wells Fargo	wire fee	15.00
2/12/24		Texas workforce	Legal order	5,108.94
TOTAL CASH DISBURSEMENTS				\$ 5,133.94 (1)

(1) Total for all accounts should agree with total cash disbursements listed on Form 2-B, page 1

interstate Freight solutions

Form 2-C
COMPARATIVE BALANCE SHEET
For Period Ended: 2/29/24

ASSETS

Current Assets:

Cash (from Form 2-B, line 5)
Accounts Receivable (from Form 2-E)
Receivable from Officers, Employees, Affiliates
Inventory
Other Current Assets (List): _____

Total Current Assets

Fixed Assets:

Land
Building
Equipment, Furniture and Fixtures

Total Fixed Assets

Less: Accumulated Depreciation

Net Fixed Assets

Other Assets (List): _____

TOTAL ASSETS

LIABILITIES

Post-petition Accounts Payable (from Form 2-E)
Post-petition Accrued Professional Fees (from Form 2-E)
Post-petition Taxes Payable (from Form 2-E)
Post-petition Notes Payable
Other Post-petition Payable(List): _____

Total Post Petition Liabilities

Pre Petition Liabilities:

Secured Debt
Priority Debt
Unsecured Debt

Total Pre Petition Liabilities

TOTAL LIABILITIES

OWNERS' EQUITY

Owner's/Stockholder's Equity
Retained Earnings - Prepetition
Retained Earnings - Post-petition

TOTAL OWNERS' EQUITY

TOTAL LIABILITIES AND OWNERS' EQUITY

Current
Month

Petition
Date (1)

\$ 0.0

\$

\$

()

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

()

\$

\$

\$

\$

\$

\$

\$

\$

\$

(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values

DEBTOR: Interstate Freight solutions

CASE NO: _____

DEBTOR: Interstate Freight solutions

Form 2-D
PROFIT AND LOSS STATEMENT
 For Period 2/1/24 to 2/29/24

	<u>Current Month</u>	<u>Accumulated Total (1)</u>
Gross Operating Revenue	\$ <u>5,133.94</u>	\$ _____
Less: Discounts, Returns and Allowances	(_____)	(_____)
Net Operating Revenue	\$ <u>5,133.94</u>	\$ _____
Cost of Goods Sold	_____	_____
Gross Profit	\$ _____	\$ _____
Operating Expenses	\$ _____	\$ _____
Officer Compensation	\$ _____	\$ _____
Selling, General and Administrative	\$ _____	\$ _____
Rents and Leases	\$ _____	\$ _____
Depreciation, Depletion and Amortization	\$ _____	\$ _____
Other (list): _____	\$ _____	\$ _____
Total Operating Expenses	\$ _____	\$ _____
Operating Income (Loss)	\$ _____	\$ _____
Non-Operating Income and Expenses	\$ <u>5,133.94</u>	\$ _____
Other Non-Operating Expenses	\$ _____	\$ _____
Gains (Losses) on Sale of Assets	\$ _____	\$ _____
Interest Income	\$ _____	\$ _____
Interest Expense	\$ _____	\$ _____
Other Non-Operating Income	\$ _____	\$ _____
Net Non-Operating Income or (Expenses)	\$ _____	\$ _____
Reorganization Expenses	\$ _____	\$ _____
Legal and Professional Fees	\$ _____	\$ _____
Other Reorganization Expense	\$ _____	\$ _____
Total Reorganization Expenses	\$ _____	\$ _____
Net Income (Loss) Before Income Taxes	\$ <u>0.0</u>	\$ _____
Federal and State Income Tax Expense (Benefit)	\$ _____	\$ _____
NET INCOME (LOSS)	\$ <u>0.0</u>	\$ _____

(1) Accumulated Totals include all revenue and expenses since the petition date.

DEBTOR: Interstate Freight solutions

CASE NO: _____

Form 2-E
SUPPORTING SCHEDULES
For Period: 2/1/24 to 2/29/24

POST PETITION TAXES PAYABLE SCHEDULE

	<u>Beginning Balance (1)</u>	<u>Amount Accrued</u>	<u>Amount Paid</u>	<u>Date Paid</u>	<u>Check Number</u>	<u>Ending Balance</u>
Income Tax Withheld:						
Federal	\$	\$	\$			\$
State						
FICA Tax Withheld						
Employer's FICA Tax						
Unemployment Tax:						
Federal						
State						
Sales, Use & Excise Taxes						
Property Taxes						
Accrued Income Tax:						
Federal						
State						
Other: _____						
TOTALS	\$ _____	\$ _____	\$ _____			\$ _____

(1) For first report, Beginning Balance will be \$0; thereafter, Beginning Balance will be Ending Balance from prior report.

INSURANCE SCHEDULE

	<u>Carrier</u>	<u>Amount of Coverage</u>	<u>Expiration Date</u>	<u>Premium Paid Through</u>
Workers' Compensation		\$		\$
General Liability		\$		\$
Property (Fire, Theft)		\$		\$
Vehicle		\$		\$
Other (list): _____		\$		\$
		\$		\$

DEBTOR: Interstate Freight Solutions

CASE NO: _____

Form 2-E
SUPPORTING SCHEDULES

For Period: 2/1/24 to 2/29/24

ACCOUNTS RECEIVABLE AND POST PETITION PAYABLE AGING

<u>Due</u>	<u>Accounts Receivable</u>	<u>Post Petition Accounts Payable</u>
Under 30 days	\$	\$
30 to 60 days		
61 to 90 days		
91 to 120 days		
Over 120 days		
Total Post Petition	_____	_____
Pre Petition Amounts	_____	
Total Accounts Receivable	\$ _____	
Less: Bad Debt Reserve	\$ _____	
Net Accounts Receivable (to Form 2-C)	\$ _____	
	Total Post Petition Accounts Payable	\$ _____

* Attach a detail listing of accounts receivable and post-petition accounts payable

SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS

	<u>Month-end Retainer Balance</u>	<u>Current Month's Accrual</u>	<u>Paid in Current Month</u>	<u>Date of Court Approval</u>	<u>Month-end Balance Due *</u>
Debtor's Counsel	\$	\$	\$		\$
Counsel for Unsecured Creditors' Committee					
Trustee's Counsel					
Accountant					
Other:					
Total	\$	\$	\$		\$

*Balance due to include fees and expenses incurred but not yet paid.

SCHEDULE OF PAYMENTS AND TRANSFERS TO PRINCIPALS/EXECUTIVES**

<u>Payee Name</u>	<u>Position</u>	<u>Nature of Payment</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____

**List payments and transfers of any kind and in any form made to or for the benefit of any proprietor, owner, partner, shareholder, officer or director.

DEBTOR: Interstate Freight solutions

CASE NO: _____

Form 2-F
QUARTERLY FEE SUMMARY *
 For the Month Ended: 2/29/24

Month	Year	Cash Disbursements **	Quarterly Fee Due	Check No.	Date Paid
January	_____	\$ _____			
February	_____	\$ _____			
March	_____	\$ _____			
TOTAL 1st Quarter		\$ _____	\$ _____	_____	_____
April	_____	\$ _____			
May	_____	\$ _____			
June	_____	\$ _____			
TOTAL 2nd Quarter		\$ _____	\$ _____	_____	_____
July	_____	\$ _____			
August	_____	\$ _____			
September	_____	\$ _____			
TOTAL 3rd Quarter		\$ _____	\$ _____	_____	_____
October	_____	\$ _____			
November	_____	\$ _____			
December	_____	\$ _____			
TOTAL 4th Quarter		\$ _____	\$ _____	_____	_____

FEE SCHEDULE (as of JANUARY 1, 2008)

Subject to changes that may occur to 28 U.S.C. §1930(a)(6)

Quarterly Disbursements	Fee	Quarterly Disbursements	Fee
\$0 to \$14,999.....	\$325	\$1,000,000 to \$1,999,999.....	\$6,500
\$15,000 to \$74,999.....	\$650	\$2,000,000 to \$2,999,999.....	\$9,750
\$75,000 to \$149,999.....	\$975	\$3,000,000 to \$4,999,999.....	\$10,400
\$150,000 to \$224,999.....	\$1,625	\$5,000,000 to \$14,999,999.....	\$13,000
\$225,000 to \$299,999.....	\$1,950	\$15,000,000 to \$29,999,999....	\$20,000
\$300,000 to \$999,999.....	\$4,875	\$30,000,000 or more	\$30,000

* This summary is to reflect the current calendar year's information cumulative to the end of the reporting period

** Should agree with line 3, Form 2-B. Disbursements are net of transfers to other debtor in possession bank accounts

Failure to pay the quarterly fee is cause for conversion or dismissal of the chapter 11 case. [11 U.S.C. Sec. 1112(b)(10)]
In addition, unpaid fees are considered a debt owed to the United States and will be assessed interest under 31 U.S.C. §3717

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DEBTOR: Interstate Freight Solutions

CASE NO: _____

Form 2-G

NARRATIVE

For Period Ending 2/29/24

Please provide a brief description of any significant business and legal actions taken by the debtor, its creditors, or the court during the reporting period, any unusual or non-recurring accounting transactions that are reported in the financial statements, and any significant changes in the financial condition of the debtor which have occurred subsequent to the report date.

Texas Workforce Commission \$5,108.94 2/12/24
Case #3464424

like the previous month, i have not been able to get anyone on the phone to know what this is about. i have called & left multiple voicemails. NO one has returned my calls.

DEBTOR: Interstate Freight solutions

INITIAL FINANCIAL REPORT
CHAPTER 11

CASE NUMBER: _____

COVER SHEET

Date of Report

THIS REPORT IS DUE 14 DAYS AFTER THE PETITION FILING DATE

Mark One Box for Each
Required Document:

Debtor must attach each of the following documents or a satisfactory explanation for failure to attach a document. **Submit original report to U.S. Trustee.** Do not file report with Clerk of Court.

Document Attached	Previously Submitted	Explanation Attached	REQUIRED DOCUMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Latest Fiscal Year Financial Statements or Tax Returns
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Balance Sheet as of Month End Immediately Preceding Filing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Profit and Loss Statement for Month and Year Immediately Preceding Filing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Insurance & Environmental Risk Questionnaire - Proof of: a. General Liability Insurance b. Property (Fire, Theft, etc.) Insurance c. Workers' Compensation Insurance d. Vehicle Insurance e. Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Projected Revenue, Expenses and Cash Flow for First 180 Days of Post Petition Operations (Form IR-1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Name and Address of Financial Institution, Account Number and Sample Voided Check for Each Debtor in Possession Bank Account a. General Account c. Tax Account (if required)

I declare under penalty of perjury that the following Initial Financial Report, and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: _____ Debtor(s): _____
By: _____
Position: _____
Email & Phone: _____

DEBTOR: Interstate Freight solutions POST CONFIRMATION QUARTERLY REPORT

CH. 11 CASE NO: _____ FOR QUARTER ENDED: _____

SUMMARY OF DISBURSEMENTS MADE DURING QUARTER:

1. CASH BALANCE, BEGINNING OF QUARTER \$ _____
2. CASH RECEIPTS DURING QUARTER FROM ALL SOURCES _____
3. CASH DISBURSEMENTS DURING QUARTER, INCLUDING PLAN PAYMENTS (_____)
4. CASH BALANCE, END OF QUARTER (OR AS OF REPORT DATE FOR FINAL REPORT) \$ _____

SUMMARY OF AMOUNTS DISBURSED UNDER PLAN:

		Paid During Quarter	Total Paid to Date	Total Pyts. Projected Under Plan
1. ADMINISTRATIVE EXPENSES				
Plan Trustee Compensation	\$	\$	\$	
Plan Trustee Expense				
Attorney Fees - Trustee				
Attorney Fees - Debtor				
Other Professionals				
Other Administrative Expenses				
TOTAL ADMINISTRATIVE EXPENSES	\$	\$	\$	
2. SECURED CREDITORS	\$			
3. PRIORITY CREDITORS	\$			
4. UNSECURED CREDITORS	\$			
5. EQUITY SECURITY HOLDERS	\$			
6. Attach additional sheets as necessary	\$			
TOTAL PLAN PAYMENTS	\$	\$	\$	
		Amount	Date	Check No.

QUARTERLY FEE PAID: \$ _____

PLAN STATUS: Yes No

1. Have all payments been made as set forth in the confirmed plan? (If no, attach explanation.) ☐ ☐
2. Are all post-confirmation obligations current? (If no, attach explanation.) ☐ ☐
3. Projected date of application for final decree: _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING POST CONFIRMATION QUARTERLY REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Attach additional sheets as necessary

Reorganized Debtor
By: _____
Title _____

Email & Phone: _____ Form 3

Rev. 12/10/2009



INTERSTATE FREIGHT SOLUTIONS LLC
PO BOX 36
MANSFIELD TX 76063-0036

Questions?

Available by phone Mon-Sat 7:00am-11:00pm Eastern Time, Sun 9:00am-10:00pm Eastern Time:

We accept all relay calls, including 711

1-800-CALL-WELLS (1-800-225-5935)

En español: 1-877-337-7454

Online: wells Fargo.com/biz

Write: Wells Fargo Bank, N.A. (808)
P.O. Box 6995
Portland, OR 97228-6995

Your Business and Wells Fargo

Visit wells Fargo.com/digitalbusinessresources to explore tours, articles, infographics, and other resources on the topics of money movement, account management and monitoring, security and fraud prevention, and more.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wells Fargo.com/biz or call the number above if you have questions or if you would like to add new services.

Business Online Banking	<input checked="" type="checkbox"/>
Online Statements	<input checked="" type="checkbox"/>
Business Bill Pay	<input checked="" type="checkbox"/>
Business Spending Report	<input checked="" type="checkbox"/>
Overdraft Protection	<input type="checkbox"/>

Statement period activity summary

Beginning balance on 2/1	\$0.00
Deposits/Credits	5,133.94
Withdrawals/Debits	- 5,133.94
Ending balance on 2/29	\$0.00

Account number: 5566634050

INTERSTATE FREIGHT SOLUTIONS LLC

Texas/Arkansas account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 111900659

For Wire Transfers use

Routing Number (RTN): 121000248

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
2/8		Direct Pay Monthly Base			-10.00
2/9		WT Fed#00851 T Bank, N.A. /Org=Integra Funding Solution Srf# 1110249750046496 Trn#240209167948 Rfb#	5,133.94	10.00	
2/9		Wire Trans Svc Charge - Sequence: 240209167948 Srf# 1110249750046496 Trn#240209167948 Rfb#		15.00	5,108.94
2/12		Legal Order Debit - Contact Texas Workforce Commission (512) 463-2768 - Case# 3664424		5,108.94	0.00
Ending balance on 2/29					0.00
Totals			\$5,133.94	\$5,133.94	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 02/01/2024 - 02/29/2024	Standard monthly service fee \$10.00	You paid \$0.00
The bank has waived the fee for this fee period.		
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following each fee period		
• Average ledger balance	\$1,000.00	\$528.00 <input type="checkbox"/>
• Minimum daily balance	\$500.00	-\$10.00 <input type="checkbox"/>

C1/C1

Account transaction fees summary

Service charge description	Units used	Units included	Excess units	Service charge per excess units (\$)	Total service charge (\$)
Cash Deposited (\$)	0	5,000	0	0.0030	0.00
Transactions	1	100	0	0.50	0.00
Total service charges					\$0.00



IMPORTANT ACCOUNT INFORMATION

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

Please note: Your account has an ending balance of zero as of the date of this statement. Accounts with a zero balance will continue to be charged applicable fees (like the monthly service fee) until you request to close your account. We may close an account with a zero balance on the fee period ending date or at month end without prior notification to you. Once an account is closed (either by you or us), no fees will be assessed on the account.

- To prevent closure by us without notification, an account with a zero balance must have a qualifying transaction posted within the last two months of the most recent fee period ending date.
- Examples of qualifying transactions are deposits and withdrawals made at a branch, ATM, online, mobile, or via telephone; one-time and recurring transfers made at a branch, ATM, online, mobile, or via telephone; automatic or electronic deposits, such as from payroll or government benefits; automatic or electronic payments, including Bill Pay; one-time and recurring purchases or payments made using a card or mobile device; and checks paid from the account.
- Bank-originated transactions, like monthly service or other fees, are not considered qualifying transactions that will prevent closure of an account with a zero balance.
- If you do not plan to keep this account, we encourage you to redirect recurring deposits and payments to another account.

Questions? Please contact your banker or call the phone number appearing on your statement.

We appreciate your business. Thank you for choosing Wells Fargo.

- To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts: Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Overdraft Collection and Recovery, P.O. Box 5058, Portland, OR 97208-5058. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.
- In case of errors or questions about other transactions (that are not electronic transfers): Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.
- If your account has a negative balance: Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.
- To download and print an Account Balance Calculation Worksheet(PDF) to help you balance your checking or savings account, enter www.wellsfargo.com/balancemyaccount in your browser on either your computer or mobile device.

1. Use the following worksheet to calculate your overall account balance.
2. Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.
3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

A. The ending balance
shown on your statement \$

B. Any deposits listed in your register or transfers into your account which are not shown on your statement.

	\$	_____
	\$	_____
	\$	_____
	+	\$ _____

..... TOTAL \$ _____

..... TOTAL \$

C. The total outstanding checks and withdrawals from the chart above..... - \$

\$ _____

[illegible]